

PATENT APPLICATION DATA ENTRY FORM

INVENTOR INFORMATION

Inventor One Given Name:: **Christopher J.**
Family Name:: **Stone**
Name Suffix::
Postal Address Line One:: **54 Skyview Way**
City:: **Newtown**
State or Province:: **PA**
Country:: **United States**
Postal or Zip Code:: **18940**
Citizenship Country:: **United States**

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: **20028**
Name Line One:: **Barry R. Lipsitz**
Name Line Two::
Address Line One: **755 Main Street**
Address Line Two:: **Building 8**
City:: **Monroe**
State or Province:: **Connecticut**
Country:: **United States**
Postal or Zip Code:: **06468**
Telephone:: **(203) 459-0200**
Fax:: **(203) 459-0201**
Electronic Mail::

APPLICATION INFORMATION

Title Line One:: **APPARATUS AND METHODS FOR PROVIDING**
Title Line Two:: **TELEVISION SPEECH IN A SELECTED LANGUAGE**
Total Drawing Sheets:: **2**
Formal Drawings?: **Yes**
Application Type:: **Utility**
Docket Number:: **GIC-653**

REPRESENTATIVE INFORMATION

Representative Customer Number:: **20028**